COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021259 US

As a below named inventor, I he	ereby declare that:			
My residence, post office address and citizenship are as stated next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Apparatus for forming Variable Fluid Meniscus Configurations" the specification of which (check only one item below):				
is attached hereto.				
was filed as United States a	pplication			
Serial No				
on				
and was amended				
on				
Was filed as PCT international application Number PCT/IB2003/005333 on 21 November 2003				
and was amended under PCT	Article 19			
on (if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:				
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:		
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
Europe	02080214.6	10 December 2002	YES	
	110	DEPARTMENT OF COMMERCE -Paten	and Trademarks Office	

includ	les Reference to PC	nd For Patent Application and Pover International Applications)	-		Attorneys Docket Number PHNL021259 US
OWI II bus	ER OF ATTORNE iness in the Patent	Y: As a named inventor, I hereby appoin and Trademark Office connected therewit	it the following attorney(s) and/or th. (List name and registration nu	agent(s) to prosec mber)	ute this application and transact
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, f			Direct Telephone (name and telepho (914)332-0222	ne number)
	FULL NAME OF INVENTOR	FAMILY NAME MIMNAGH-KELLEHER	FIRST GIVEN NAME Gillian	A	COND GIVEN NAME ntoinette
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	Ir	DUNTRY OF CITIZENSHIP eland
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	n T	ATE & ZIP CODE/COUNTRY he Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DUNIAS	FIRST GIVEN NAME Paraskevas		COND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	T1	DUNTRY OF CITIZENSHIP he Netherlands
-	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven T		ATE & ZIP CODE/COUNTRY he Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME BREMER	FIRST GIVEN NAME Joannes		COND GIVEN NAME regorius
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands		DUNTRY OF CITIZENSHIP he Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY he Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME ROMMERS	FIRST GIVEN NAME Adrianus	P	COND GIVEN NAME etrus Johanna Maria
04	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	T	DUNTRY OF CITIZENSHIP he Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY he Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME VERHOEVEN	FIRST GIVEN NAME Wilhelmus	C	COND GIVEN NAME ambertus Marinus ornelius
05	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	T	DUNTRY OF CITIZENSHIP he Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY he Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE 08 July 2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL021259 US

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on (if applicable).				
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I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:				
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:				
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
Europe	02080214.6	10 December 2002	YES	

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL021259 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

****	FULL NAME OF INVENTOR	MIMNAGH-KELLEHER	FIRST GIVEN NAME Gillian	SECOND GIVEN NAME Antoinette
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands	COUNTRY OF CITIZENSHIP Ireland
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DUNIAS	FIRST GIVEN NAME Paraskevas	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME BREMER	FIRST GIVEN NAME Joannes	SECOND GIVEN NAME Gregorius
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME ROMMERS	FIRST GIVEN NAME Adrianus	SECOND GIVEN NAME Petrus Johanna Maria
204	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME VERHOEVEN	FIRST GIVEN NAME Wilhelmus	SECOND GIVEN NAME Lambertus Marinus Cornelius
205	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
O5 July 2004	DATE 05 July 2004	DATE ,
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DAPÉ 05 July 2004	DATE 05 July 2004	

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PTC/SE/80 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I heret	by revoke all previous powers of attorne R 3.73(b).	y given in the appl	cation identifie	d in the attached st	atement under
I hereb	by appoint:				
X P	ractitioners associated with the Customer Number	r: 24	737		
C OR		L			
LJ P	ractitioner(s) named below (if more than ten pate	nt practitioners are to be	named, then a cu	stomer number must be	used):
	Name	Registration Number		Name	Registration Number
L					
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L					
any and	ey(s) or agent(s) to represent the undersigned by all patent applications assigned only to the under to this form in accordance with 37 CFR 3.73(b).	efore the United States signed according to the	Patent and Traden USPTO assignme	nark Office (USPTO) in c ent records or assignmen	onnection with it documents
Please c	hange the correspondence address for the applic	ation identified in the a	tached statement	under 37 CFR 3.73(b) to	:
X	The address associated with Customer Number	247	37	Ĭ	
OR		L			
	irm or idividual Name				
Addres					
City		State		1 71-	
		State Zip			
Country					
Telepho	one		Fax		
Assignee	Name and Address:				
r toolgi too	The dra radiood.				
				TRONICS N.V	•
Groenewoudseweg l 562l BA Eindhoven, The Netherlands					
A copy	of this form, together with a statement u each application in which this form is us	nder 37 CFR 3.73(b)	(Form PTO/SB	/96 or equivalent) is	required to be
the prac	ctitioners appointed in this form if the ap	pointed practitioner	is authorized t	to act on behalf of th	e assignee,
and mu	st identify the application in which this P				
		ATURE of Assignee of is supplied below is		n behalf of the assignee	
Signature	MUNICO, M	aur		Date 14 Janu	ary 2005
Name	Michael E. Marion			Telephone (914)	333-9637
Title	Authorized Representa	tive		<u> </u>	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEME	NT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N	V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: APPARATUS FOR FORMING VARIABLE FLU	ID MENISCUS CONFIGURATIONS
Koninklijke Philips Electronics N.V. (Name of Assignee)	a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1.	t; or
2. an assignee of less than the entire right, title and The extent (by percentage) of its ownership inte in the patent application/patent identified above by virt	rest is ———— %
A. [] An assignment from the inventor(s) of the pater in the United States Patent and Trademark Office attached.	at application/patent identified above. The assignment was recorded e at Reel, Frame, or for which a copy thereof is
OR	
B. [] A chain of title from the inventor(s), of the patent below:	application/patent identified above, to the current assignee as shown
1. From:	То:
The document was recorded in the United Reel, Frame	d States Patent and Trademark Office at, or for which a copy thereof is attached.
	To:
The document was recorded in the United	d States Patent and Trademark Office at
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From: The document was recorded in the United	To:
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Reel, Frame	, or for which a copy thereof is attached.
[] Additional documents in the chain of title	are listed on a supplemental sheet.
[] Copies of assignments or other documents in the c [NOTE: A separate copy (i.e., the original assignments be submitted to Assignment Division in accordance of the USPTO. See MPEP	ent document or a true copy of the original document) rdance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is auth	·
Date	Frank Keegan, Reg. 50,145 Typed or printed name
(914) 333-9669	nank Lean
Telephone number	Signature
	Corporate Counsel
	Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.